

IN THE SUPERIOR COURT OF WASHINGTON  
FOR THE COUNTY OF KING

In the Guardianship of:	)	Case No.:
	)	
_____	)	PETITION FOR ORDER AUTHORIZING
	)	SALE OF REAL PROPERTY
An Incapacitated Person	)	
_____	)	(ORSPP)

COMES NOW the Guardian and Petitions the Court for an order authorizing sale of real property, as follows:

**1. Relief Requested:** Entry of an order authorizing the Guardian to sell real property.

**2. Statement of Facts:**

**Guardian,** \_\_\_\_\_ was appointed Guardian on \_\_\_\_\_.

**Property Address:** \_\_\_\_\_

**Legal Description:** The legal description of the property is

[    ] set forth below

[    ] attached hereto as Exhibit A.

**Value of Property:**

Assessed Value of Property:        \$ \_\_\_\_\_

Fair Market Value of Property:    \$ \_\_\_\_\_

Appraisals or Comparative Market Analyses

[ ] are attached hereto

[ ] are being filed separately.

Further steps to be taken to establish value, if any: \_\_\_\_\_

**Liens and Encumbrances Against the Property.** *(For each, list the creditor's name, amount of obligation, payment terms, and nature of security instrument):*

\_\_\_\_\_  
**Reason Guardian is Requesting Authority to Sell the Real Property:** \_\_\_\_\_

\_\_\_\_\_  
**Statutory Procedure to be Followed for the Sale:**

[ ] Public sale

[ ] Private Sale, using a real estate agent, if necessary

[ ] Sale by negotiation

**Proposed Application or Disposition of Sale Proceeds:** \_\_\_\_\_

\_\_\_\_\_  
**3. Issue:** Whether the Court should enter an order authorizing the sale of the real property as proposed by the Guardian.

**4. Evidence Relied Upon:** The records and files herein, including the Exhibits attached hereto and incorporated by this reference.

**5. Authority.** RCW 11.92.090.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct.

SIGNED AT \_\_\_\_\_, WASHINGTON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 200\_\_\_\_

\_\_\_\_\_  
Signature of Guardian/Attorney

\_\_\_\_\_  
Printed Name of Guardian/Attorney, WSBA/CPG#

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone/Fax Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Email Address